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PREPARED STATEMENT OF TESTIMONY FOR THE
CONGRESSIONAL FIELD HEARING ON
HEALTH CARE PROGRAMS FOR VETERANS
AT VETERANS ADMINISTRATION CENTERS -
TO BE HELD 26TH OF AUGUST, 1982
AT THE LINCOLN ROOM, ALEX JOHNSON HOTEL,
RAPID CITY, SOUTH DAKOTA

August 20, 1982

My name is Jerry Lee Simmons, M.D. I was born 29 October, 1939 in
Maumee, Ohio. My Social Security number is ~~XXXXXXXXXX~~.

I graduated from Bowling Green State University at Bowling Green, Ohio
in June, 1962, and attended medical school at The Ohio State University
College of Medicine, Columbus, Ohio, graduating in June, 1967. I was ordered
to active duty from the U.S. Army Reserves on the 27th of June, 1967, and
served a rotating internship at Brook General Hospital in Ft. Sam Houston,
Texas from July 1967 to June 1968. During the Tet Offensive in 1969, I was
an intern on the orthopedic service where we took care of over 150 bed
patients and 750 patients on the service at any one time. Many of these
patients were within 24 hours of their war wounds suffered in the VietNam
conflict.

Following my internship, I trained at the U.S. Medical Field Service
School (AMEDS) Officer Basic Training in 1968 followed by U.S.A. Aviation
School at Ft. Rucker, Alabama in 1968. In October of 1968 I was ordered
to VietNam, where I served until October 1969. For the first few months
I was assigned as a flight surgeon to the 159th Heavy Helicopter Battalion
stationed in Phu Bai in Northern ICORK. The 159th Heavy Helicopter Battalion
is part of the 101st Aviation Group of the 101st Airborne, now Air Mobile
Division. Midway in my tour of duty, I was promoted to the Group Flight
Surgeon and moved to Camp Eagle with 101st Aviation Group of 101st Airborne
Division.

My duties in VietNam included care of aviation and non-aviation personnel
assigned to the 159th Heavy Helicopter Battalion and later all personnel
assigned to the 101st Aviation Group Headquarters and assigned Pathfinder
Unit. My duties included going on perimeter patrols as medical support,
investigating aviation accidents and losses wherever they occurred through-
out ICORE and Laos, and going into hot landing zones with the Pathfinders
to assess and support their medical needs. During this assignment we spent
considerable hours in the field, both in the air and on the ground, includ-
ing ground excursions into many defoliated areas in the Ashau Valley,
Laos and throughout Northern ICORE. During that time there was consider-
able perimeter spraying with defoliants. Perimeter patrols, of necessity,
were exposed to these defoliants on a regular basis.

The units were frequently sprayed with various insecticides.

As officer in charge of the health needs of our battalion, and later the entire aviation group, I insisted that each member faithfully take their Dapsone anti-malarial tablets, as well as quinidine. The quinidine was taken once a week, but Dapsone was taken every day, including a 60-day period after return state-side.

The drinking water was heavily chlorinated. This is another potential source of toxic compounds which, to my knowledge, has not been fully evaluated.

Many of us were exposed to various tropical diseases, including various forms of hepatitis. There was also moderate to wide spread alcohol and drug ingestion. The effect of the combination of alcohol and/or other drug ingestion, including medicinal drugs such as Dapsone, in combination with various pesticides, chlorinated compounds and herbicides is unknown.

It is my understanding that Dapsone, at the time it was given in VietNam, was an experimental drug. We, the medical officers in charge of the health of the soldiers, were not informed that this was an experimental drug. In my opinion, from my experience in VietNam, Dapsone undoubtedly saved many lives. In several instances, 101st Airborne soldiers taking Dapsone would not get malaria while 1st Marine Division marines in the next valley would have a high incidence of malaria. (Nevertheless, the effects of the "little white pill" - Dapsone, in combination with other substances we were exposed to in VietNam should be further investigated.)

During my tour of duty in VietNam we participated in many MEDCAP programs. These medical civic action programs were designed to promote good will by American soldiers, including physicians, and coremen working with and teaching South VietNamese civilians to better care for their own health problems. We observed many strange and exotic diseases, including cholera, rampant tuberculosis, many kinds of parasitic disease, and two separate plague epidemics. (Many of the children and adults had various skin problems which, in retrospect, may have been chloracne.)

We also noted skin problems in many of our American soldiers, especially those who spent considerable time in the field and/or on perimeter duties. (These skin problems, in retrospect, could have been chloracne.)

After serving my tour of duty in VietNam, I was assigned to Ft. Knox, Kentucky as the Post Flight Surgeon. We served at this post until the 26th of June, 1970, when I was honorably discharged from the United States Army Reserves.

I was fortunate enough to obtain a residency position in the Department of Pathology at the University of Michigan, where I trained from 1970 to 1974. Part of this training included tours of duty at the Veterans Administration hospital. From June of 1974 until May 1981, I was employed by the Veterans Administration Medical Center in Ann Arbor, Michigan. During that time period I became board certified in anatomic and clinical pathology (1974) and became a fellow of the American Society of Clinical Pathologists and the College of American Pathologists. I also belong to the American Medical Association,

State Medical Association, and District Medical Association, the American Association for Clinical Chemistry, on the subcommittee on Animal Clinical Chemistry, and I am an honorary member of the Michigan Society of Histo-technologists. While at Michigan, I developed several areas of interest, including comparative pathology, gastrointestinal pathology, and muscle and peripheral nerve pathology. In 1975 and 1976, I was the interim director of the neuro-muscular pathology laboratory at Michigan State University and served as an Assistant Professor at Michigan State University, as well as instructor and later Assistant Professor at the University of Michigan.

In 1975 I became involved in the scientific study of P.B.B., a fire-retardant which had contaminated the cattle feed in Michigan. This substance quickly spread to most Michigan residents via milk and milk products. I collaborated with Dr. Tom Corbett, an anesthesiologist in the study of the effects of P.B.B. on mice and gerbils. This collaboration resulted in several scientific presentations and a publication.

During this same time frame, we became increasingly aware, perhaps due to our interest in environmental contaminants, of VietNam veterans who had multiple complaints which they felt were due to Agent Orange. I became superficially involved with several veterans organizations in Michigan, including Citizen Soldier. Through this relationship I became aware of many health problems VietNam veterans were suffering. These health problems included birth deformities, multiple gastro-intestinal complaints, emotional disturbances, skin diseases and circulation disorders. Unfortunately many of these cases were hearsay or one of a kind occurrences. There seemed to be an increase in carcinomas in a young age group. In 1978 and 1979 I suggested we save fats from autopsies from VietNam patients for possible dioxin. We attempted to find commercial sources for this evaluation. We found the cost was prohibitive, at least \$1,000.00 per sample. We were also discouraged from saving fats because there was no mechanism for proper storage or a central repository (such as A.F.I.P.). As you are aware, at the present time, the Armed Forces Institute of Pathology requests all surgical specimens from VietNam veterans be sent to them as a registry. (However, to my knowledge, at the present time there is no concentrated effort to save and/or evaluate fats for herbicides from VietNam veterans undergoing surgery or autopsy.)

In 1981 we decided to move to Sioux Falls, South Dakota in the position of Clinical Chief of the Laboratory Service. This move was made because a new Chairman of Pathology, whose interests were divergent from mine, had been appointed at the University of Michigan. I felt there was greater opportunity for advancement by moving to South Dakota. At present, I work for the Laboratory of Clinical Medicine, which has a contract with the Veterans Administration Medical Center in Sioux Falls to provide the pathology services. Because of my previous Veterans Administration experience, and my background as a probable Agent Orange exposed veteran, I have been assigned to cover the position of Clinical Chief of Laboratory Service.

In general, I feel the Royal C. Johnson Veterans Administration Medical Center in Sioux Falls, South Dakota is an excellent facility. The Director, Chief of Staff, Chiefs of Bed Services, administrators and employees have an excellent attitude toward VietNam veterans and are willing to work with them in any way possible to help solve their problems. The VietNam veterans I have

talked to who have been examined at our facility felt their examination was thorough and they were handled with courteousness and professionalism. As of 8-9-82, we have a cumulative total of 868 Agent Orange appointments, of which 82 had dermatology references, 419 were South Dakota veterans, 371 were Minnesota veterans, and 64 were Iowa veterans. There were 14 others. Ten (10) of the Agent Orange veterans had an examination with C&P, and 17 patients had examinations as in-patients.

We have two excellent veterans out-reach centers; one in Sioux Falls and another in Sioux City. I have talked with personnel from both of those centers about Agent Orange and its scientific and medical aspects.

We provide psychiatric, psychological, and social service counselling for VietNam veterans, as well as veterans in general. There is a substance abuse program in our hospital which is unfunded, but which, nevertheless, does an excellent job in providing services to both VietNam and non-VietNam veterans. Those patients needing peer counselling are referred to the veterans out-reach centers.

During the past year I have had the opportunity to attend the Second International Agent Orange Conference held in October in Arlington, Virginia. This conference was rather enlightening, as a cross-section of "experts" presented various scientific and social topics concerning Agent Orange. In conjunction with this conference, a two volume set on the review of literature on herbicides, including phenoxy herbicides and associated dioxins, volume I and II was prepared by the Veterans Administration under the leadership of Barclay M. Shepard, M.D. I have found these publications to be most useful in answering most of the scientific inquiries concerning Agent Orange. During the conference, it became increasingly apparent that even the experts did not know the effects of Agent Orange or any other herbicides, pesticides or other substances used in VietNam. This area certainly deserves much further study. One of the questions I asked the panel was why we had been discouraged to save fat specimens from VietNam veterans undergoing surgery or autopsy. A satisfactory answer was not forthcoming other than no one would know what the results meant anyway. It was brought out that the samples analyzed from the Ranch Hand evaluation showed some of the controls who had never been to VietNam had higher levels of dioxins than those who were presumably heavily exposed.

In discussions following, we pointed out that it would make a lot of difference in total exposure if personnel was to be able to quickly shower following contamination. This would be possible for Air Force personnel but impossible with Army personnel on patrol in the "boonies."

Another fact that became apparent during the conference was dioxin is a very dangerous substance. Researchers using dioxins describe their biologic safety set-ups. This type of facility is well beyond the reach of most investigational institutions, certainly including ours in Sioux Falls.

Since dioxins are so toxic, we decided to study the effects of Agent Blue, which is cacodylic acid. This compound is used in electron microscopy, therefore, the interest in work in this area is not only beneficial to VietNam veterans, but many medical and biologic scientists throughout the world. During our literature review in preparation for the proposal, we found very little was known about the effects of cacodylic acid, which is an organic arsenic compound. Interestingly, we received your invitation to testify before these field congressional hearings and the rejection of our proposal on the same day. Since we had many questions, we called the research section in Central Office and attempted to get some answers. Among items that we were interested in knowing were the following:

- How many total proposals were submitted.
- How many of these proposals dealt with Agent Blue.
- How many proposals were funded.
- What were the titles of these proposals.
- What is the geographic location of the investigators.
- Was the presence of VietNam veterans on the investigation team taken into consideration on the awards of the proposals.
- Were there any VietNam veterans on the advisory board which reviewed these proposals.

Although we called to obtain these answers, we were told we would get a call back. Approximately one week later we did receive a call back stating they would not give this information on telephone request and a written request must be forwarded. We immediately forwarded a written request; however, have not had a reply as of this date, Friday, August 20, 1982. Numerous phone calls have found authorities to be busy on the phone or, at shortly after 4:00 P.M. have left for the day. We will continue to attempt to ascertain the answers to our questions. At this time we must presume there were not VietNam veterans on their approval board, and the presence of VietNam veterans on proposals was completely ignored.

Regarding these facts, I feel, as a private citizen, the veteran status of Veteran Administration employees should be taken into consideration for promotions and appointments at local, district, regional and national levels. It is my understanding that presently, except for initial hiring, the veteran status does not convey any benefits concerning promotions.


As I previously stated, I feel the attitude toward the VietNam veteran in this facility is excellent. However, we are grossly understaffed in all areas and need more positions to adequately carry out our mission. Our laboratory, according to AMIS reports (a workload reporting method) is presently ten positions short of those suggested by Central Office to fulfill the mission for the number of tests we run. Another area of concern is the Stay In School Program. This program enables students to get job-related experience, such as laboratory aids and blood drawers, while continuing to stay in school. Unfortunately there is an age limit of 22. This precludes any VietNam veterans taking advantage of this program. This seems to me to be discrimination on an age basis. I feel age limit on this program should be removed.

While in Michigan I became a member of V.F.W. Post 224 in Hamburg, Michigan. I served as the Post Surgeon for many years and helped run several Red Cross blood drives in the Hamburg area. I have transferred my life membership to Post 628 in Sioux Falls, South Dakota.

From my prospective as a physician, I feel the health problems VietNam veterans are experiencing are real. At the present time I do not feel anyone can say whether or not these health problems are secondary to Agent Orange or other chemical exposures which may have occurred in VietNam or, for that matter, here in the States. Whatever the cause, these health problems must be recognized and treated. The short and long range effects of the VietNam experience must continue to be studied in all of its ramifications. This includes incidence of birth defects, cancer development in VietNam veterans, cardiovascular complications, and stress-related conditions.

At the present time, most VietNam veterans, including myself, feel that only combat-exposed peers really understand our problems and feelings. In this regard the Vet Centers throughout the United States should be fully funded. Increasing efforts must be made to identify, counsel, and take care of the needs of our VietNam veterans, both now and in the future.

I would like to take this opportunity to thank you for the chance to testify on behalf of the VietNam veteran and as a concerned member of the patient care team at the Veterans Administration medical Center in Sioux Falls, South Dakota.


JERRY L. SIMMONS, M.D.
Clinical Chief, Laboratory Service